#4/1000/13876

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2014 JAN 30 AM 11: 43
SECRETARY OF STATE
LORIBITE

K.SALY EXAMINER FEB 4 2014

COVER LETTER

Division of Corporations
SUBJECT: Jap Jarns Productions and Management Services LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Scott Name of Person
Fun Company
8246 Velvet Springs Lane
Jacksonville, Florida 32244 City/State and Zip Code
jap jams fooductions @ 6mail. Com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Scott Name of Pason at 904 210-9706 At ea Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ORGANIZATION	FILED
PF	40/6 12.
Management Service	2014 JAN 30 AM 11: 43 CES FAELAHASSEE, FLORIDE
any as it now appears on our records.) Liability Company)	ALLAHASSEE, FLORIE
1 1	· CURING

The Articles of Organization for this Limited Liability Company were filled on OCTober 4, 2011 and assigned Florida document number L11000113876

Florida document murber L11000113874	<u>,</u>
This amendment is submitted to amend the following	Æ:
A. If amending name, enter the new name of the	
J Jams Entertainment The new name must be distinguishable and end with the word	LLC. s "Limited Liability Company." the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable	.1/a
(Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	N/A
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	NIA
New Registered Office Address:	Enter Flonda street address
_	. Florida
	(15) ('A) ()

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. If in the agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member				
			Add	
			□ Remove	
				
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)., If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary:)
	NIA
 -	
	
Effective (The effective the date th	date, if other than the date of filing: <u>February</u> , <u>3014</u> (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated _	January 27th . a014.
	Michael Scott
	Signature of a member or authorized representative of a member
	Typed or printed page of signer

Page 3 of 3

Filing Fee: \$25.00